

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Licensure Survey Second Probationary Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations I of III: 300.615 e)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)  This REQUIREMENT is not met as evidenced by:  Based on interview and record review, the facility failed to do resident background checks within 24 hours on the CHIRP (Criminal History Information Response Process) website. This applies to 7 of 10 residents (R20-R26) in a sample of 34.  The findings include:  On 2/13/2024 at 12:00 PM, V8 (Director of Reservations) and V9 (Business Office Manager) said the facility no longer had access to the	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
02/29/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Criminal History Information Response Process (CHIRP) website and they had not been doing background checks for new admissions.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R20 was 2/11/2024. R20's CHIRP was done on 2/13/2024.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R21 was 2/11/2024. R21's CHIRP was done on 2/13/2024.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R22 was 2/08/2024. R22's CHIRP was done on 2/14/2024.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R23 was 2/08/2024. R23's CHIRP was done on 2/14/2024.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R24 was 2/09/2024. R24's CHIRP was done on 2/13/2024.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R25 was 2/10/2024. R25's CHIRP was done on 2/13/2024.</p> <p>The facility's Action Summary report dated 2/14/2024, showed the admission date for R26 was 2/11/2024. R26's CHIRP was done on 2/13/2024.</p> <p>On 2/14/2024 at 12:18 PM, V1 (Administrator) said she was not sure when CHIRPs needed to be done for new admissions because the facility's policy did not specify. V1 continued to say CHIRPs needed to be done for new admissions to assure other residents are not at risk for abuse.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>"C"</p> <p>Statement of Licensure Violations II of III: 300.610a) 300.696b) 300.696d)3)6)17) 300.1210b) 300.1210d)2) 300.1630a)3) 300.1640a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.</p> <p>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):</p> <p>3) Guidelines for Prevention of Intravascular Catheter-Related Infections</p> <p>6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings</p> <p>17) Guidelines for Environmental Infection Control in Health-Care Facilities</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1630 Administration of Medication</p> <p>a) All medications shall be administered only by</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A.) Based on observation, interview, and record review, the facility failed to sanitize glucometers after resident use, appropriately contain soiled linen, complete PICC (Peripherally Inserted Central Catheter) line dressing changes, have staff and resident's family wear appropriate PPE (Personal Protective Equipment) in a Covid positive isolation room, and store and maintain respiratory equipment. This applies to 9 of 9 residents (R3, R4, R9, and R11-R16) reviewed for infection control in a sample of 34.</p> <p>The findings include:</p> <p>1. On 2/13/24 at 10:42 AM, V7 (Certified Nursing Assistant/CNA) was removing R15's dirty linen</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>from the bed. Instead of putting it in a plastic bag, she put it on the floor. At 10:45 AM, she left the room and came back and put the linen in the plastic bag and took it out of the room.</p> <p>On 2/13/24 at 1:47 PM, V2 (Director of Nursing/DON) stated that dirty linen should be placed in a bag and not directly on the floor.</p> <p>Facility's policy titled Linen Management Infection Control (5/23) shows: "Dirty/soiled linens are contained in a closed container or bag."</p> <p>2. On 2/13/24 at 11:59 AM, V5 (Registered Nurse/RN) took the facility-owned glucometer to R11's room. After checking R11's blood sugar, she put the glucometer in her pocket and went back to her medication cart. She placed the dirty glucometer on top of her medication cart and did not sanitize it.</p> <p>R11's face sheet shows an admission date of 11/25/2019. It lists a diagnosis of type 2 diabetes mellitus with hyperglycemia and diabetes mellitus due to underlying condition with diabetic neuropathy unspecified. R11's POS (Physician Order Sheet) documents an order of blood glucose monitoring before meals and at bedtime.</p> <p>3. On 2/13/24 at 12:03 PM, V5 went to R12's room and took his blood glucose. V5 then came back to her medication cart and placed the dirty glucometer on top of it. V5 did not sanitize the glucometer.</p> <p>R12's face sheet documents an admission date of 6/27/19. It shows a diagnosis of diabetes mellitus with diabetic neuropathy, unspecified. The POS shows order to administer insulin according to a sliding scale doing blood glucose</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>monitoring before meals and at bedtime. R12's care plan shows he has diabetes mellitus.</p> <p>4. On 2/13/24 at 12:08 PM, V5 went to R13's room and checked his blood glucose. V5 then went back to her medication cart and placed the glucometer on top of it. V5 did not sanitize the glucometer.</p> <p>R13's face sheet documents an admission date of 1/13/24. It shows a diagnosis of type 2 diabetes mellitus without complications. R13's POS shows an order to administer insulin daily with meals doing blood glucose monitoring three times daily with meals. R13's care plan shows he has diabetes mellitus.</p> <p>5. On 2/13/24 at 12:13 PM, V5 went to R14's room and checked her blood glucose. V5 then went to her medication cart and put the glucometer inside her medication cart without sanitizing it.</p> <p>R14's face sheet documents an admission date of 1/31/2015. It shows a diagnosis of type 2 diabetes mellitus without complications. R14's POS shows an order checking blood glucose monitoring before meals and at bedtime. R14's care plans shows she has diabetes mellitus and her blood glucose monitoring should be checked as per physician orders.</p> <p>On 2/13/24 at 12:20 PM, V5 confirmed with surveyor that she did not sanitize glucometers in between resident use and stated she is not supposed to put the glucometer in her pocket because it's an infection control issue.</p> <p>On 2/13/23 at 1:47 PM, V2 (DON) stated the nurse is supposed to sanitize the glucometer after</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>each patient use.</p> <p>Facility's policy titled Blood Glucose Monitoring (May 2023) documents: "All glucometers will be cleaned per manufacturer recommendations prior to performing a beside test. The glucometer will be cleaned prior to each use and after each use per manufacturer recommendation." Manufacturer's guidelines for the disinfecting wipes documents to wipe surface with wipe and allow it to remain wet for 2 minutes.</p> <p>6. The EMR (Electronic Medical Record) showed R3 was readmitted to the facility on 12/05/2024, with multiple diagnoses including orthopedic surgical amputation of the right leg below the knee, multiple bilateral rib fractures, chronic obstructive pulmonary disease, and pneumonia. R3's MDS (Minimum Data Set) dated 2/01/2024 showed R3 was cognitively intact.</p> <p>On 2/13/2024 at 10:36, R3 was in his room. R3 had an intravascular midline catheter to his right upper arm. R3's midline had a transparent dressing dated 2/02/2024 (11 days earlier) and the left lower corner of the dressing was loose and not adherent to R3's skin. R3 said he was receiving intravenous antibiotics through his midline catheter. R3 said the last time his midline dressing was changed was at the hospital on 2/02/2024.</p> <p>R3's Order Summary Report dated 2/14/2024, showed R3 had an order for "Change PICC line dressing every 7 days (sterile process) one time a day every 7 day(s) for Midline Line" and "IV Midline: Monitor site and dressing. Document in progress note any signs and symptoms (s/sx) of infection, notify provider of s/sx of infection every shift for per protocol."</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>On 2/14/2024 at 10:18 AM, V2 (DON) said midline catheters should be changed every seven days and as needed per physician's orders.</p> <p>The facility's Peripheral IV Management policy with a review date of 4/2023, showed "Policy/Procedure: ...4. Monitoring of the IV site for signs and symptoms of infection, condition of the IV dressing, phlebitis, extravasation etc. will be completed by the licensed nurse." The facility's Central Line Care policy with a reviewed date of 4/2023, showed "Policy: Peripherally Inserted Central Catheter (PICC) line care dressing change, maintenance and removal will be completed according to standard of practice by Licensed Nurses only ...Procedure: ...General instructions after insertion All PICC line treatments and dressings require a physician order ...Following the initial 24 hour dressing change an RN or LPN will change the injection cap and the dressing at minimum weekly or any time the dressing becomes moist, loosened, or soiled ..."</p> <p>7. The EMR showed R16 readmitted to the facility on 2/11/2024 with diagnoses including COVID-19, asthma, and hypotension.</p> <p>On 2/13/2024 at 11:23 AM, R16's room door had contact and droplet precaution signages and there was a PPE (protective personal equipment) bin outside the door with N95 masks, surgical masks, gloves, and gowns. R16 was in bed when V13 (R16's daughter) was walking out of R16's room. V13 was only wearing a surgical mask. V13 said R16 had COVID, and the facility staff had not educated her on wearing any PPE while visiting inside the room.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>On 2/14/2024 at 8:15 AM, R16's room door continued to have contact and droplet precaution signages and a PPE bin outside the door with N95 masks, surgical masks, gloves, and gowns. R16 was in bed when V10 (Licensed Practical Nurse/LPN) was walking out of R16's room. V10 was not wearing any PPE. V10 said she was not wearing PPE because she believed R16 was no longer under isolation for COVID but was not sure and had to check.</p> <p>R16's Order Summary Report dated 2/14/2024, showed R16 had an active order for "Transmission Based Precautions. Contact and Droplet."</p> <p>R16's care plan dated 2/14/2024, showed a focus problem for confirmed COVID-19 infection with multiple interventions including "Keep resident and resident representative informed of any condition changes, new or changes orders, and/or other interventions ...When in the presence of the resident, apply full-coverage eyewear or a face shield with personal protective equipment (PPE)."</p> <p>On 2/14/2024 at 10:18 AM, V2 (DON) said R16 was still under isolation for COVID till 2/15/2024. V2 said staff and visitors should be wearing PPE including N95 masks, gowns, and eyewear when entering COVID rooms.</p> <p>The facility's PPE Covid-19 policy with a review date of 5/2023, showed "General: To ensure the safety of our residents, guests, and staff when providing care to residents and guests with Covid-19. Policy/Procedure: 1. The following PPE must be worn when caring for a Covid-19 resident/guest: N95 respirator Face Shield or goggles Gown Gloves 2. Visitor's to be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 10</p> <p>encouraged to wear PPE during visits to Covid-19 positive resident/guest ..."</p> <p>8. The EMR showed R4 had multiple diagnoses including obstructive sleep apnea, chronic obstructive pulmonary disease, pulmonary hypertension, and obesity.</p> <p>On 2/13/2024 at 11:20 AM, R4 was in bed receiving oxygen 2 L/min (two liters per minute) via nasal cannula. R4's nasal cannula tubing was dated 1/28/2024. R4's CPAP mask and tubing were not in use and were on top of her nightstand table not covered.</p> <p>9. The EMR showed R17 had multiple diagnoses including obstructive sleep apnea, chronic obstructive pulmonary disease, pulmonary hypertension, and morbid obesity.</p> <p>On 2/13/2024 at 10:32, R17's CPAP and tubing not in use were on top of her nightstand table not covered.</p> <p>On 2/14/2024 at 1:03 PM, V2 (DON) said respiratory equipment including nasal cannula tubing and oxygen masks should be placed in bags for storing, and nasal tubing should be changed weekly. V2 said if respiratory equipment is not stored or changed properly it can get dirty or grow bacteria.</p> <p>The facility's O2 Hygiene policy dated 11/2023, showed "General: To ensure proper utilization of oxygen equipment to prevent infection. Policy: 1. Any resident or guest receiving any type of oxygen delivery will have orders in the electronic medical record. Examples of oxygen delivery can include oxygen via a nasal cannula, nebulizer treatment, CPAP/Bipap, and trilogy machines. 2.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>Residents or guests will have their oxygen delivery devices and tubing properly stored when not in use. 3. Tubing will be changed and/or cleaned in accordance with physician orders in order to prevent infection..."</p> <p>B.) Based on observation, interview, and record review, the facility failed to date and time therapeutic nutrition for gastrostomy (G-tube) feedings and water piston syringes, the facility failed to follow professional standards while completing glucose monitoring, and the facility failed to follow physician orders for medical treatment. This applies to 5 of 5 residents (R2, R6, R7, R9, and R10) reviewed for nursing care in a sample of 34.</p> <p>The findings include:</p> <p>1. On 2/13/24 at 10:51 AM, R6 was observed sitting in wheelchair outside her room. R6 said that she has lymphedema and staff are supposed to wrap her legs every morning. R6 said she asks them to wrap them, and they tell her they will, but they do not come back to do it. R6 stated there are days staff do not wrap her legs and it causes some discomfort. R6's legs were not wrapped.</p> <p>R6's EMR (Electronic Medical Record) shows the following diagnoses of lymphedema. R6's MDS (Minimum Data Set) of 1/19/24 shows that R6's cognition is intact. R6's current POS (Physician Order Sheet) documents daily wraps to lower extremities at 6 am. R6's MAR (Medication Administration Record) for February 2024 shows that staff were documenting that daily wraps to lower extremities was being done at 6:00 AM.</p> <p>On 2/13/24 at 11:39 AM, V7 (RN) said that R6</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>told her that she needed her legs wrapped earlier this morning, she said she informed R6 that she would do it but has not done it yet.</p> <p>On 2/14/24 at 1:09 PM, V2 (DON) said residents with lymphedema should be getting daily wraps as ordered by the doctor because it helps with the edema, and the nurse or the wound nurse can do it. V2 said they do not have a policy for lymphedema or treatment.</p> <p>2. On 2/13/24 at 11:02 AM, R7 was noted in bed resting, V20 (R7's son-in-law) was at the bedside. R7 was connected to a continuous g-tube (gastrostomy tube) feeding and the feeding was running at 60ml/hr. R7's enteral feeding bag was not labeled with a date or the type of feeding. R7's water piston syringe was hanging in a plastic bag on the pole next to the feeding and it was not dated or labeled. V20 said that R7 was on continuous g-tube feeding because he cannot swallow.</p> <p>R7's EMR shows the following diagnoses of cerebral infarction due to thrombosis of left middle cerebral artery, encounter for attention to gastrostomy, aphasia following cerebral infarction and facial weakness. R7's MDS of 2/2/24 shows that R7's cognitive skills are severely impaired. R7's current POS documents following orders- NPO (Nothing by Mouth), every night shift change tubing with each bottle, continuous (Brand name of tube feeding) via pump, rate 60ml.hr for 24 hours/day.</p> <p>On 2/13/24 at 11:39 AM, V17 (RN) said that R7 was on continuous g-tube feeding and he receives (Brand name of tube feeding). V17 said that the tube feeding, and the water piston should be labeled with name of feeding with the date and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>time, and the feeding and tubing should be changed every 24 hours. V17 said that R7's feeding was not labeled when she started her shift at 7:00AM and she should have replaced the feeding.</p> <p>On 2/13/24 at 1:54 PM, V2 (DON) said tube feedings and syringes should labeled with date and time so that staff will know when it expires or changed every 24 hours.</p> <p>The facility's Administration of Medications via Peg Tube policy (reviewed March 2023), states to ensure tube feedings is dated/labeled in accordance with physician orders, ensure piston syringes/graduates are changed daily.</p> <p>3. On 2/13/24 at 10:34 AM, R2 was sleeping in her room. She was connected to a G-tube pump (Gastrostomy Tube) which was running at 90 ML/HR (Milliliters/Hour). Connected to the machine was one plastic enteral feeding bag and one plastic flush and hydration bag. There were no dates or times on the bags.</p> <p>On 2/13/24 at 11:31 AM, surveyor went with V4 (RN) to R2's room. Surveyor noted that the bag was labeled with a date and time when an hour earlier they were not present. V4 stated, "I labeled it a few minutes ago. The night nurse is the one who set it up and she was supposed to put the date and time on it. I don't remember her name. It has to be dated and timed so everyone can know when it has to be changed by."</p> <p>R2's face sheet shows an admission date of 5/13/22. R2's diagnoses include dysphagia and encounter for attention to gastrostomy. R2's POS (Physician Order Sheet) shows nothing my mouth (NPO) texture and enteral feed order 1.4 rate</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 14</p> <p>90ml/hr. On at 6 AM, Off at 8 PM. Change tubing with each bottle change. R2's care plan shows she requires tube feeding due to dysphagia.</p> <p>4. On 2/13/24 at 11:22 AM, V4 (RN) went to R9's room to do his blood glucose monitoring. V4 wiped R2's right middle finger with alcohol and pricked it with a lancet. V4 cleaned off the first drop of blood with an alcohol wipe. Instead of wiping the first drop of blood with a gauze, she used an alcohol wipe to clean it. V4 then proceeded to use the second drop of blood to obtain a blood sugar reading of 104 MG/DL (Milligrams/Deciliter).</p> <p>R9's face sheet shows an admission date of 4/20/21. Diagnoses include type 2 diabetes mellitus without complications. R9's POS shows an order to do blood glucose monitoring before meals and at bedtime. R9's care plans shows he has diabetes mellitus and has blood glucose monitoring done before meals, bedtime and as needed.</p> <p>5. On 2/13/24 at 11:34 AM, V4 went to R10's room to do her blood glucose monitoring. V4 wiped R10's left ring finger with alcohol. Then she pricked the finger with a lancet. Instead of wiping the first drop of blood with a gauze, she used an alcohol wipe to clean it. V4 then proceeded to use the second drop of blood to obtain a blood sugar reading of 170 MG/DL.</p> <p>R10's face sheet shows an admission date of 4/29/22. Diagnoses include type 2 diabetes mellitus with diabetic neuropathy, unspecified. R10's POS shows an order to complete blood glucose monitoring before meals and at bedtime. R9's care plans shows she has diabetes mellitus</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 15</p> <p>and has blood glucose monitoring before meals and at bedtime.</p> <p>On 2/13/24 at 11:42 AM, surveyor asked V4 if she is supposed to use an alcohol swab to wipe off the first drop of blood. V4 stated, "It's supposed to be a gauze because the alcohol wipe can cause a burning sensation to the finger."</p> <p>On 2/13/24 at 1:47 PM, surveyor asked V2 (Director of Nursing) if it's okay for the nurse to wipe the first drop of blood with an alcohol swab. V2 was unable to tell surveyor if it was correct or not. V2 stated, "I can get back to you on that. That's not the process. You don't wipe the first drop of blood."</p> <p>Facility's policy titled Blood Glucose Monitoring (May 2023) shows: "The presence of alcohol went not allowing puncture site to dry prior to obtaining blood may result in inaccurate results."</p> <p>C.) Based on observation, interview, and record review, the facility failed to assess residents for self-administration of medications and failed to obtain physician orders for resident to self-administer medications. This applies to 3 of 3 residents (R4, R16, and R31) in a sample of 34.</p> <p>The findings include:</p> <p>1. On 2/14/2024 at 8:15 AM, V10 (Licensed Practical Nurse/LPN) was leaving R16's room. V10 said she had given R16's morning medications. At 8:25 AM, R16 was in bed and calling for assistance. R16 had a medication cup with 13 unlabeled medications on his bedside table. R16 was left unsupervised during his medication administration. R16's said he was</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 16</p> <p>calling for more water to take his medications.</p> <p>R16's Order Summary Report dated 2/14/2024, did not have an order to self-administer medications or to have medications at the bedside.</p> <p>2. On 2/14/2024 at 8:30 AM, R4 was in bed. R4 had a medication cup with 11 unlabeled medications on her bedside table. R4 said the nurse left her medications on her tray table for her to self-administer her medications without supervision. At 8:35 AM, V11 (LPN) said she was assigned R4. V11 continued to say none of her assigned residents including R4 were allowed to self-administer their medications.</p> <p>R4's Order Summary Report dated 2/14/2024, did not have an order to self-administer oral medications or to have medications at the bedside.</p> <p>3. On 2/14/24 at 9:15 AM, R31 was sitting in the wheelchair in her room getting dressed. On R31's bedside table, there was a bottle of Saline Nasal Spray (expired 7/2023) and a cup of unidentified half pills about 8 in a medicine cup. R31 said that medications in the cup was her natural thyroid medicine. R31 points to the bottle of medication on the bedside table, the medication bottle was labeled as (Brand name) Thyroid Tablet 120mg. R31 said she uses the nasal spray to irrigate her nose and she takes the thyroid medications daily at 4:15 AM, takes it alone so it does not interact with other medications, and it works well for her.</p> <p>R31's POS shows that she has an order for Thyroid Oral Tablet 300mg- give 0.5 tablet by mouth one time a day for thyroid hormone. R31 did not have an order for (Brand name) Thyroid</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 17</p> <p>tablet 120mg, or Saline Nasal spray. R31 did not have an order to self-administer medications or to have medications at the bedside. There was no assessment for self-administration of medication done for R31.</p> <p>On 2/13/24 at 1:45 PM, V1 (Administrator) provided a list of residents that could have medications at the bedside or self-administer medications, R4, R16, and R31 were not on the list.</p> <p>On 2/13/24 at 1:54 PM, V2 (DON) said medications at bedside are only allowed for those that can self-administer medications. V2 continue to say if the residents were not on the list, they should not have medications at the bedside, there has to be a physician order for it. V2 said that residents will need to be assessed and educated to self-administer medications.</p> <p>The facility's Medication at Bedside policy (reviewed 05/2023) states that self-administration of medications and treatment is a decision by the interdisciplinary team with input from the family or patient. Physician must provide an order for medications to be kept at the bedside.</p> <p>D.) Based on observation, interview, and record review, the failed to secure and label resident medications that were present in resident rooms. This applies to 7 of 7 residents (R4, R5, R6, R17, R19, R20, and R27) in a sample of 34.</p> <p>The findings include:</p> <p>1. On 2/13/2024 at 10:32 AM, R17 had an open bag of Klor-con 20 mEq (milliequivalent) powder</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 18</p> <p>medication packets on top of her bedside table. R17's bag of Klor-con packets had a prescription label showing the medication was dispensed on 12/20/2023 and had a quantity of 90 packets.</p> <p>R17's Order Summary Report dated 2/14/2024, did not show R17 had an order for Klor-con packets. R17's report showed an order for Potassium Chloride ER Oral Tablet Extended Release (Potassium Chloride) given 20 mEq by mouth one time a day for hypokalemia. R17 did not have an order to have medications at the bedside.</p> <p>2. On 2/13/2024 at 11:15 AM, R19 had an unbagged used Breo inhaler on top of her bedside table. R19's inhaler had a prescription label showing the medication was dispensed on 1/06/2023. R19's inhaler had no open or discard dates.</p> <p>R19's Order Summary Report dated 2/14/2024, did not show R19 had an order for a Breo inhaler. R19 did not have an order to have medications at the bedside.</p> <p>3. On 2/13/2024 at 11:20 AM, R4 had an unbagged used Trelegy inhaler on top of her tray table. R4's inhaler had a prescription label showing the medication was dispensed on 11/01/2023. R4's inhaler had no open or discard dates.</p> <p>R4's Order Summary Report dated 2/14/2024, showed R4 had an order for Trelegy Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT (Fluticasone-Umeclidinium-Vilanterol) 1 puff inhale orally one time a day for wheezing. R4 did not have an order to have medications at the bedside.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 19</p> <p>4. On 2/13/24 at 10:25 AM, R5 was sitting up in bed in her room. On R5's bedside table there was a bottle of Refresh Tears Lubricating eye drops (expired 3/2021). R5 said that she uses the eye drops 2 to 3 times a day. On 2/14/4 at 8:56 AM the bottle of Refresh Tears and a tube of Polysporin bacitracin ointment with zinc was on her bedside table.</p> <p>Review of R5's POS (Physician Order Sheet) showed that R5 did not have an order for Refresh Tears and Polysporin ointment and did not have an order to have medications at the bedside.</p> <p>5. On 2/13/24 at 10:39 AM, R27 was sitting by her bedside in room doing a crossword puzzle. On R27's bedside cabinet, there was a bottle of Clear Eyes Natural Tears. R27 said, "I use it once a day, it gets dry in here."</p> <p>Review of R27's POS showed that R27 did not have an order for Clear Eyes Natural Tears and did not have an order to have medications at the bedside.</p> <p>6. On 2/13/24 at 10:51 AM, R6 was sitting in wheelchair outside her room. On R6's bedside table, there were 2 bottles of Nystatin Topical Powder. R6 said she used it for the rash under her breasts and back of her knees.</p> <p>R6's POS documents the following order, Nystatin Powder, apply to affected areas topically as needed. R6 did not have an order to have medications at the bedside.</p> <p>7. On 2/13/24 at 11:06 AM, R20 was sitting in her wheelchair in her room. On R20's bedside cabinet, there was a tube of Diphenhydramine</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 20</p> <p>Zinc Acetate tube cream 2-0.1%. R20 said she does not know anything about the medication.</p> <p>Review of R20's POS showed that R20 did not have an order for Diphenhydramine Zinc Acetate tube cream and did not have an order to have medications at the bedside.</p> <p>On 2/13/24 at 1:45 PM, V1 (Administrator) provided a list of residents that could have medications at the bedside, R4, R5, R6, R17, R19, R20, and R27 were not on the list.</p> <p>On 2/13/24 at 1:54 PM, V2 (DON) said if the residents were not on the list, they should not have medications at the bedside and there has to be a physician order for it.</p> <p>The facility's Storage of Medications policy (3/17) states medications and biologicals are stored safely, securely, and properly. The medication supply is accessible only to licensed nursing staff personnel, pharmacy personnel or staff members lawfully authorized to administer medications.</p> <p>"B"</p> <p>Statement of Licensure Violations III of III: 300.610a) 300.2210b)1)5)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 21</p> <p>policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.2210 Maintenance b) Each facility shall: 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. 5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide a hazard-free environment by storing metal oxygen tank in a resident's room. The facility also failed to provide a safe environment in a resident's room by failing to ensure furniture is in good working order. This applies to 4 of 4 residents (R8, R28, R29 and R30) reviewed for accidents and supervision in a sample of 34.</p> <p>The findings include:</p> <p>1. On 2/14/23 at 10:24 AM, during the environmental rounds on the 3rd floor with V16 (Maintenance Director), there was a metal oxygen tank on the floor by the wall in R28's room. The oxygen tank was not secured in an oxygen holder. V16 said the oxygen tank should not be on the floor without a holder, it is a huge safety hazard. R28's room was in between R29</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016554</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>IGNITE MEDICAL HANOVER PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 22 and R30's rooms.</p> <p>On 2/14/24 at 1:09 PM, V2 (Director of Nursing) said the oxygen tanks should be standing upright and in holder for safety reasons.</p> <p>The facility's Oxygen Storage policy (revision date 5/2023) states to always fasten cylinders securely in an upright position.</p> <p>2. On 2/13/24 at 11:00 AM, surveyor asked R8 if she had any issues with her room. R8 told surveyor to open her cabinet door where she kept her clothes. Surveyor opened the heavy door, and it was loose. There were 3 hinges attaching the door to the cabinet. The top hinge was noted to be completely off the bracket of the door. R8 stated, "I told someone about it. It was like 2 months ago. No one fixed it obviously and no one followed up with me. I can't even take my clothes out of there. They don't care about me here. The door could fall and hit me."</p> <p>On 2/13/24 at 1:29 PM, V1 (Administrator) stated, "Our maintenance director left last week... It's the job of the nurse, CNA (Certified Nursing Assistant), or any staff member to write up what needs to be repaired or a work order in point of care in the computer system. Then it pings the maintenance director and he will take action."</p> <p>R8's face sheet shows an admission date of 1/12/23. She has diagnoses of dementia, congestive heart failure, and chronic obstructive pulmonary disease. R8's MDS (Minimum Data Set) dated 12/31/23 showed she is moderately impaired in cognition.</p> <p>"C"</p>	S9999		